

Soccer Team Evaluation Questionnaire

Special Olympics
Texas



Delegation Name	Delegation Code
Team Name	Head Coach
<input type="radio"/> 5-a-side <input type="radio"/> Unified 5-a-side <input type="radio"/> 11-a-side <input type="radio"/> Unified 11-a-side	

All questions pertain to your best 5 players. (There should be no answers greater than 5.)

OFFENSE	NUMBER
How many players:	
Can dribble the ball up the field with token defensive pressure (not attempting to steal ball)?	
Can dribble the ball up the field with aggressive defensive pressure (attempting to steal ball)?	
Can dribble the ball well enough to create a scoring opportunity with defensive pressure?	
Can pass the ball to an open teammate 50% of the time?	
Can shoot the ball on goal with enough power to go past a goalkeeper from 15 yards away 50% of the time?	

DEFENSE	NUMBER
How many players:	
Can clear the ball (kick it) over 20 yards up the field?	
Will aggressively go after a loose ball on the field?	

GOALKEEPING	% OF THE TIME (CHECK ONE)
Goalkeeper can block a shot coming directly at him/her	<input type="radio"/> 00% <input type="radio"/> 25% <input type="radio"/> 50% <input type="radio"/> 75% <input type="radio"/> 90%
Goalkeeper can catch a shot coming directly at him/her	<input type="radio"/> 00% <input type="radio"/> 25% <input type="radio"/> 50% <input type="radio"/> 75% <input type="radio"/> 90%
Goalkeeper can move to save (prevent from scoring) shots that are on goal but not going directly at him/her	<input type="radio"/> 00% <input type="radio"/> 25% <input type="radio"/> 50% <input type="radio"/> 75% <input type="radio"/> 90%

DOMINANCE	NUMBER
How many dominant players (players who understand the game, anticipate where the ball will go, move aggressively for the ball and can dominate with their scoring) do you have in your starting five?	
Identify by name and jersey number if possible:	
Player Name: _____ Jersey #: _____	Player Name: _____ Jersey #: _____
Player Name: _____ Jersey #: _____	Player Name: _____ Jersey #: _____

SUBS	NUMBER
How many subs do you have?	
Does it make a significant difference in your team if you substitute 1 or 2 subs at the same time? <input type="radio"/> No <input type="radio"/> Yes <i>If yes, please explain.</i>	

OVERALL	RANK
Is this the same team which played in last year's: <input type="radio"/> area? <input type="radio"/> regional? <input type="radio"/> state? <i>(Check all that apply)</i>	
Is this team: <input type="radio"/> lower? <input type="radio"/> higher? <input type="radio"/> the same? <i>Please check only one box and explain.</i>	
On a scale of 1-10, with a 1 being a level just above individual skills and 10 being just below an average Unified Sports team, please rank the ability level of your team.	

Note: This sheet will be utilized for pre-classification, compared to the classification evaluations, and utilized throughout play as needed.